

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODIFIED RELEASE FORMULATIONS CONTAINING A HYPNOTIC AGENT

the specification of which:

☐ is attached hereto.

OR

☒ was filed on April 13, 2001 as United States Application No., or PCT International Application No., 09/833,662 and was amended on _____ (if applicable).

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed:

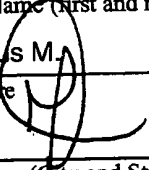
Prior Foreign Application Number(s)	Country	Filing Date (Month/Day/Year)	Priority Not Claimed
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

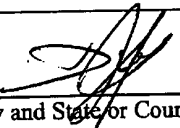
Provisional Application Number(s)	Filing Date (Month/Day/Year)
60/196,939	April 13, 2000

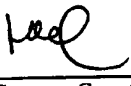
Application Number(s)	Filing Date (Month/Day/Year)	Status (patented, abandoned, pending)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

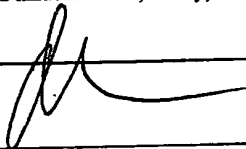
2 of 4

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements have been made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		
Given Name (first and middle name, if any) Jacobus M.		Family Name/Surname LEMMENS
Signature 		Date (of signature) 23-08-2001
Residence (City and State or Country) Mook, The Netherlands		Citizenship The Netherlands
Mailing Address Lodewijkstraat 30, 6585 KM, Mook, The Netherlands		

NAME OF SECOND INVENTOR:		
Given Name (first and middle name, if any) Dennie J. M.		Family Name/Surname van den HEUVEL
Signature 		Date (of signature) 30-08-2001
Residence (City and State or Country) Boxmeer, The Netherlands		Citizenship The Netherlands
Mailing Address Kwikstraat 6, 5831 MG, Boxmeer, The Netherlands		

NAME OF THIRD INVENTOR:		
Given Name (first and middle name, if any) Johannes J.		Family Name/Surname PLATTEEUW
Signature 		Date (of signature) 23-08-2001
Residence (City and State or Country) s'Hertogenbosch, The Netherlands		Citizenship The Netherlands
Mailing Address Zandveldstraat 30, 5223 JE, s'Hertogenbosch, The Netherlands		

NAME OF FOURTH INVENTOR:		
Given Name (first and middle name, if any) Frans		Family Name/Surname van DALEN
Signature 		Date (of signature) 23-09-01
Residence (City and State or Country) Nijmegen, The Netherlands		Citizenship The Netherlands
Mailing Address Groesbeekseweg 11, 6524 CK, Nijmegen, The Netherlands		

NAME OF FIFTH INVENTOR:		
Given Name (first and middle name, if any)		Family Name/Surname
Signature		Date (of signature)
Residence (City and State or Country)		Citizenship
Mailing Address		

NAME OF SIXTH INVENTOR:		
Given Name (first and middle name, if any)		Family Name/Surname
Signature		Date (of signature)
Residence (City and State or Country)		Citizenship
Mailing Address		

☐ Additional inventors are being named on attached Supplemental Inventors sheet.